



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROFESSIONS LICENSURE
239 CAUSEWAY STREET, SUITE 200
BOSTON, MA 02114
800-414-0168
www.mass.gov/dph/boards

BOARD OF REGISTRATION OF PERFUSIONISTS

REQUEST FORM

Use this form to report a name change, address change and/or request for duplicate license.

Mail requests to the address above to the attention of the Board.

Check one:

☐ NAME CHANGE

☐ ADDRESS CHANGE

☐ DUPLICATE LICENSE

Print/type clearly the information as it
CURRENTLY SHOWS on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Board Code: PF

Lic. No: _____

Lic. Type: ☐ Full License ☐ Provisional _____

SSN (Mandatory): _____

Birth Date: _____

Expiration Date: _____

Print/type clearly the information as you
wish it to appear on your NEW license.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

For a name change, you MUST return your current license
and submit certified documentation.

For official use only:

Fee: _____

Date Received: _____

Initial: _____

If your current license has been **lost or stolen**, please check here. _____

For address changes only, do not return your current license. All addresses are subject to disclosure upon request, pursuant to MGL, Ch.4, Section 7.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

Signature

Telephone Number

Date

Fees:

1. Duplicate License \$17.00

2. Name change with new
license \$27.00

3. Address changes only no fee

Make check or money order payable to the
Commonwealth of MA.

DO NOT SEND CASH